Editorial

Welcome to the first issue of our new journal "Cutting Edge Psychiatry in Practice". Our aim is not only to provide you with the latest information on the management of psychiatric disorders but also to present this information in a way that is of practical value to general practitioners and trainees. We have been particularly impressed by the interest shown by GPs and trainees in providing thoughtful input and comments on the papers.

This focus issue is dedicated to one of the most challenging psychiatric disorders: schizophrenia. Although the onset of schizophrenia is typically from the late teenage years onwards, it can also occur in children. There is a detailed review of childhood schizophrenia with a very valuable guide to distinguishing between this condition and others which might mimic it. With regard to the more common situation of teenage/adult onset, as well as covering some of the basic factual information on epidemiology and genetics, the papers provide a practical guide to management of the various stages of schizophrenia, from the earliest presentation to the more chronic situation. Some consistent themes emerge from the papers. First, the general practitioner should have a low threshold for referring patients for specialist assessment and management early, before the illness has become established. Second, the various stages of schizophrenia require different management strategies and our expectations of outcome should also be different. Third, although the atypical antipsychotics represent a major advance in treatment as far as adverse effects are concerned, especially extrapyramidal adverse effects, recent evidence suggests that they are no more effective than the older "typical" antipsychotics. The exception, of course, is clozapine, which can be effective for schizophrenia that has been resistant to all other antipsychotic medication but needs to be prescribed in specialist centres because of the possibility of serious adverse effects. The role of ongoing assertive outreach still needs to be clarified but the evidence suggests that continuing this form of specialist care might improve long-term outcome significantly. There is also a strong argument for providing psychosocial interventions alongside medical management in multidisciplinary teams to improve outcome. It is surprising that, in a condition as common as schizophrenia, many of the research studies have not led to definitive conclusions because of methodological problems. This remains a great area for well-conducted trials on large numbers of patients. Meanwhile there is an enormous amount of worthwhile information currently available that can greatly facilitate management, improving the lives of patients with schizophrenia and their families. We hope that this issue of "Cutting Edge Psychiatry in Practice" will be of value to you in sharing some of that knowledge.

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